

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St. Louis, Missouri**

4014 Burgen

File No. **22278**

Registered No. **6054**

St. Ward)

2. FULL NAME **Mary Sahr**

(a) Residence, No. **4014 Burgen**

St. **1**

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

(late) Frank Sahr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

About 70

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Hswf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home.

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

FATHER

13. NAME

Jonahan Richt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Pennsylvania

MOTHER

15. MAIDEN NAME

Anna Jobst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

**Joseph Sahr
4014 Burgen**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **SS. Peter & Paul** DATE **June 22, 1934**

19. UNDERTAKER (ADDRESS)

**Southern Undertaking Co.
132 N. 2nd St.**

20. FILED

20

19

J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from **May 15, 1934** to **June 18, 1934**

I last saw him alive on **June 17, 1934** Death is said

to have occurred on the date stated above, at **7:40 p.m.**

The principal cause of death and related causes of importance were as follows:

Date of onset

**Ch. Myocarditis
940
Angina Pectoris**

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed)

(Address)

**Jean J. Marx
5906 Marquette**

M. D.

5900 Tharionette

Dr. F. F. Tenny